

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Clarke for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Owens For Congress Mailing Address PO BOX 1575	<b>Transaction ID:</b> D304274 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	9			
M	M	/	D	D	/	Y	Y	Y	Y															
1	1	/	0	2	/	2	0	0	9															
City PLATTSBURGH State NY Zip Code 12901 Purpose of Disbursement Political Contribution Candidate Name William Owens Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 23	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	2000.00	011	Category/ Type																				
2000.00																								
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Category/ Type																								
<b>B.</b> Full Name (Last, First, Middle Initial) Donna Edwards For Congress Mailing Address P.O. Box 441153 City FORT WASHINGTON State MD Zip Code 20749 Purpose of Disbursement Political Contribution Candidate Name Donna Edwsards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 04	<b>Transaction ID:</b> D304275 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	3	/	2	0	0	9	2000.00	011	Category/ Type
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2000.00																								
011																								
Category/ Type																								
<b>C.</b> Full Name (Last, First, Middle Initial) Kilroy For Congress Mailing Address P.O.Box 2582 Ste 305 City Columbus State OH Zip Code 43216 Purpose of Disbursement Debt Settlement Contribution Candidate Name Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15	<b>Transaction ID:</b> D304276 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	6	/	2	0	0	9	1000.00	011	Category/ Type
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1000.00																								
011																								
Category/ Type																								

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....